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DATE: October 25, 2016

TO: Board Members

FROM: 
Kameka Brown, PhD, MBA, NP
Executive Officer

SUBJECT: 2016-2017 Sunset Oversight Review Report

Attached for your review is the 2016-2017 Sunset Oversight Review Report.



**BOARD OF VOCATIONAL NURSING
AND PSYCHIATRIC TECHNICIANS**

BVNPT 2016 Biannual Sunset Review Report



The California Board of Vocational Nursing and Psychiatric Technicians' (Board) highest priority is consumer protection through its licensing, regulatory and disciplinary functions. Established in 1951 (VN Program) and 1959 (PT Program), the Board is responsible for administration of laws related to the education, practice and discipline of licensed vocational nurses (LVNs) and psychiatric technicians (PTs).

During this last biannual reporting period, the Board underwent a "renaissance" which included new board leadership, transforming our enforcement division and reorganizing our licensing program; all under the direction of our fully empaneled 11 member Board. Critical areas of operations were assessed with immediate improvements to our website, reception area and renewal process to support our mission of consumer protection. Most notable is the hiring of all nurse education consultants for the evaluation of school programs throughout the state.

The Board strives to springboard off current success by crafting internal procedures; documenting best-practices, as well as partnering with stakeholders to leverage new innovations.

History of the Board

In 1970, the PT Certification Program was changed to a licensure program based upon the passage of Senate Bill (SB) 298. To convert from a certification program to a licensure program, the law specified that Certified PTs would be made eligible for licensure (i.e., grandfathered) upon renewal of their certificate. In addition, any person, including persons employed in State Hospitals for the mentally ill, was made eligible for licensure upon evidence that he/she performed PT services specified by Business & Professions Code (B&P), Section 4502, of not less than two years employment within the previous five years prior to January 1, 1970. Thereafter, the applicants for a PT license were required to comply with specific education and experience requirements and pass the licensure examination.

In 1998, the name of the Board was changed to the Board of Vocational Nursing and Psychiatric Technicians. The Board carries out its mission to protect consumers through rigorous evaluations, audits and investigations.

Today, the board licenses and regulates 120,041 vocational nurses (VNs) and 11,840 psychiatric technicians (PTs) practicing a variety of clinical settings.



We are privileged to present our 2016 Biannual Sunset Review Report reflecting a very successful 2014-2016. The tremendous, dedicated energy of the Board of Vocational Nursing and Psychiatric Technicians' (Board) staff is amazing. These past two (2) years, we experienced Board growth, realignment and improvement that bolstered our mission of consumer protection.

With consumer protection at the core of our mission, the Board strived to refocus our enforcement efforts. We kicked off fiscal year 14/15 with new Enforcement Division leadership in three key areas – Division Chief, Special Investigations, and Complaints Unit. Their leadership impact was staggering. The Division closed nearly 13,000 investigations and recovered over \$180,000 in citation and fine revenue. Additionally, the Enforcement Division revoked or accepted surrender of over 400 licenses and placed an additional 287 licenses on probation. Finally, the Division drafted all new unit procedures, training processes and data validation checks by the end of fiscal year 15/16.

The Licensing and Administrative Services (L&AS) Division underwent a much needed workload assessment. The results of this assessment included a division restructuring, four (4) additional reception/telephone staff, two (2) additional management staff to provide unit oversight, a dedicated budget analyst, and a new Legislative/Regulatory analyst. During this biannual review, we licensed more than 16,000 vocational nurses and psychiatric technicians while spending fewer overtime dollars than the previous Sunset period. The L&AS Division was able to successfully reduce the wait time from 14-16 weeks to less than five weeks for school programs.

The Education Division plays a central role in the Board's ability to insure the preparation of safe and competent practitioners. In spite of severe staffing shortage, the Education Division maximized available resources to achieve the Board's mission. Our Education Division completed nearly 160 institution inspections across the state. However, after nearly a decade, our Board is proud to report we have staffed all of our NEC positions.

With a full complement of Board members, our standing committees were reactivated. For example, our Legislative Committee reviewed and developed positions on 18 pending Legislation. Our Education Committee makes recommendations on initial provisional status for educational institutions as well as reviews complex regulatory issues impacting academic institutions. The other six (6) committees also met regularly: Practice, Strategic Oversight, Enforcement, Executive, Evaluation and Licensing.

Last, but certainly not least, the Board hired a new Executive Office - the Board's fifth Executive Officer since the 1950s. Dr. Kameka Brown's vision and energy has inspired the staff and stakeholders alike, leading to our lowest vacancy rate to date (12%). The results have been increased outreach and engagement, and leveraging best practices to improve Board operations.

Thank you for the opportunity to share our success. We are proud and honored to serve the State of California.

A handwritten signature in black ink, appearing to read "S. James", written in a cursive style.

Samantha James – Perez
Board President

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MAJOR ACCOMPLISHMENTS

- The Board successfully transitioned to the new BreEZe licensing and enforcement system on January 19, 2016. The new system enhanced on-line services including license renewal, application for examinations, applications for licensure, name and address changes, and interim permits.
- In July 2016, the Board launched its new and improved website. The new website is formatted in a more user-friendly way, providing easier navigation for our consumers, licensees and applicants.
- The Board expanded the candidate pool for the four (4) vacant Nursing Education Consultant (NEC) positions to allow qualified candidates to work in a 'home-based' capacity anywhere within California, and was able to fill all four vacancies.
- As part of the Board's outreach to its consumer stakeholders, three new brochures were developed, designed and printed: *Consumer Protection and the Enforcement Program*, *Enforcement Division*, and *Protecting California's Healthcare Consumers*.
- The Board overhauled the Enforcement Division, including the implementation of division-wide policies and procedures to improve case triaging, tracking, and closure.
- The Board implemented drastic reduction of paid overtime use and increased recruitment efforts to maximize the use of the Board's intellectual capital.
- A Staff Satisfaction Survey was conducted that led to improved management bidirectional engagement, increased unit meetings and staff one-on-ones with management, and development of the monthly Board Newsletter.
- Internal and external outreach expanded, including meeting with program directors, government entities and workforce interest groups to promote vocational nursing and psychiatric technician roles in the community.

MAJOR NEW LEGISLATION OR REGULATIONS

On July 27, 2015, the Office of Administrative Law approved the Board's Rulemaking file that amends sections 2517.5 and 2575.5 of the California Code of Regulations, for the purpose of updating the requirement regarding disclosure of convictions for violation of the law. Previously, applications for VN or PT licensure were required to disclose traffic infractions not involving alcohol, dangerous drugs, or controlled substances that exceeded \$300. Effective October 1, 2015, this regulatory action amended that provision to exclude traffic infractions under \$1,000.

Board Administration

Beginning in 2015, the Board has seen rapid operational and staffing changes directed at improving the morale of the Board. Following the unexpected retirement of three senior executive roles, leadership stability was needed to establish a vision and restore staff morale. Our board welcomed new integral roles that are defining the culture of the Board: Executive Officer, Enforcement Chief, Complaints Manager,



Supervising Special Investigator, and Evaluations Manager. Key staff activities aimed at boosting morale were implemented including a staff recognition program, Board potlucks and a Board newsletter. In addition, the new Executive Officer met with nearly all staff individually to

identify and address their concerns in a private forum. Such meetings resulted in unit and Board improvements such as a reception area kiosk and desk top scanners.

A second key change was unit and division reorganization. Management assessed the needs of the Board based on its size and complexity and determined critical roles were not apparent (adequate phone staff, Legislative analyst, management) and there was a severe imbalance in management support between the units (4 enforcement managers to 1 licensing manager and 1 nurse education manager). A workforce and workload analysis was conducted which included updating staff duty statements (job descriptions). The new organizational structure provided additional management and phone staff from the reclassification of existing positions and provided much needed customer service and management support.



Board Administration – Future Enhancement

Board management proactively engages Board staff in weekly unit meetings, monthly one-on-ones and quarterly all staff meetings to spotlight success and identify areas of improvement. Staff reported favorably following our most recent Fall Quarterly staff meeting.

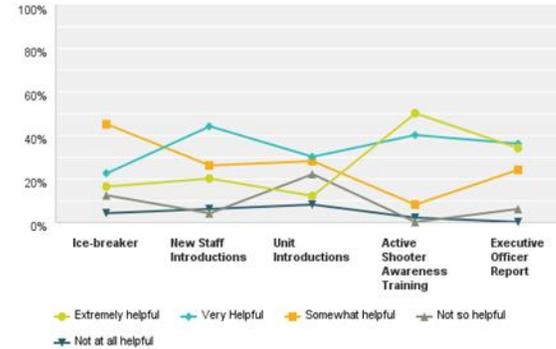
The Board critically assess its ability to serve consumers by regular review of internal operations. Two key endeavors the Board is embarking on are digital migration of all paper files and telephone enhancement project.

Currently, the Board houses over 250,000 original source licensee files mainly in a 20x24 foot file room. By digitally scanning files, we are able to store these files, easily retrieve these for the consumer when requested and repurpose this much needed space to staff desk area and break area. Since these images are primary source documents, any natural disaster (fire, earthquake) or theft will render the Board unable to replace these documents. In the case of international applications and/or closed schools, this lost could be catastrophic for an applicant. Through digital migration, the files will be archived and accessed via secured shared drive (i.e. Cloud) for staff to assist consumers as needed. The project is slated to commence summer 2017.

The telephone enhancement is to update our system which currently limits our phone queue to thirteen calls before disconnecting callers and/or causing a busy signal. This will allow the Board to address the

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ever grown call volume and address consumer needs real time. Additionally, it will afford the Board to provide tailored information to licensees and applicants that is specific to the nation's largest vocational nursing and psychiatric technician board and thereby reducing the need for subsequent calls from consumers. Finally, it will afford the Board the ability to attend to the nearly 200 educational institutions it accredits regarding clinical education inquiries. This enhancement will include staff trained to answer healing arts board specific questions and will included metric tracking data for the nearly 40,000 calls received monthly. Information gleaned from this tracking will be used to draft consumer FAQs for our website.

Finally, our Board has completed a successful Strategic Planning retreat. With the full board present, our Mission, Vision and Values were crafted collaboratively with engaged stakeholders from the public. The Board



established strategic pillars that will serve as the underpinning for key operational priorities over the next three to five years.

EDUCATION DIVISION

As noted in the Board's 2014 Sunset report, the Board experienced a critical shortage in the Nursing Education Consultant (NEC) classification that dates as early as 2007. From 2009 through 2013, 80% of the Board's NEC positions were vacant. In November 2014, 60% of the NEC positions remained vacant. That prolonged shortage severely impeded the Board's ability to timely and consistently respond to existing and proposed educational programs, consumer requests for clarification of the VN and PT scopes of practice, and other critical issues.

In spite of that shortage of sufficient qualified staff, the Education Division has maximized the efforts of available staff resources for the protection of consumers. Since 2014, the following major accomplishments are highlighted.

Staff Changes

Nursing Education Consultant Classification

Effective September 21, 2016, the Board has filled all of its authorized NEC positions. To accomplish this, the Board requested and was granted authorization to hire above minimum salary. Additionally, the Board implemented limited alternative staff headquarters designations. This allowed the hiring of NECs with their homes designated as headquarters.

Today, the Education Division's staff includes a Supervising Nursing Education Consultant and five (5) NECs all of whom possess the education and experience critical to ensure protection of California consumers. In addition to possession of a Master's degree in Nursing or a related field, the cumulative experience of the current Education Division staff exceeds 100 years of professional experience in clinical practice and education. Such expertise is imperative to ensure the development and delivery of a curriculum that results in the progressive mastery of critical content

required to ensure the educational preparation of safe and competent Licensed Vocational Nurses (LVNs) and Psychiatric Technicians (PTs).

Associate Governmental Program Analyst – Retired Annuitant (AGPA-RA)

The Board submitted and was approved by the Department of Consumer Affairs to hire two (2) AGPA – RAs. Both positions have been filled.

Reclassification

The Board is pursuing reclassification of the Management Services Technician (MST) assigned to the Education Division to an Associate Governmental Program Analyst (AGPA). This reclassification is consistent with duties to be performed. Such reclassification will provide assistance in the performance of noncomplex analytical tasks, and, thus allow maximum utilization of NECs to perform the more complex analytical duties included in program analysis.

Inspection of Vocational Nursing (VN) and Psychiatric Technician (PT) Programs

From April 2014 through September 2016, Education Division consultant staff completed 159 inspections of approved and preapproved VN and PT programs. Inspections completed on – site totaled 59; program inspections via analysis of critical program records and materials totaled 100.

The primary role of the Board’s Education Division is the preparation of safe and competent Licensed Vocational Nurses (LVNs) and Psychiatric Technicians (PTs). Specifically, the Education Division is responsible for ensuring the development and approval of VN and PT programs that comply with requirements specified in Business & Professions Code, Division 2, Chapter 6.5, Article 4 and Chapter 10, Article 4, and California Code of Regulations, Title 16, Division 25, Chapter 1, Article 5, and Chapter 2, Article 5. Those programs must provide the education required to ensure the preparation of safe and competent VNs and PTs upon entry into professional practice.

The Education Division ensures that all approved programs develop and offer a curriculum that contains specific complex scientific material that is presented in a sequence that results in the progressive mastery of critical didactic and clinical content relative to clients of all ages in current health care settings. The Education Division ensures that each curriculum contains critical professional knowledge, skills, and abilities necessary for the delivery of safe and competent client care. The Education Division ensures that each program curriculum is accurately presented utilizing current established instructional methodologies and techniques necessary to maximize students' acquisition of professional knowledge, skills, and abilities necessary to maximize student achievement. In so doing, the Education Division assists the Board in achieving its mandate of the protection of California consumers.

Are there sufficient LVN students and programs to meet statewide demands for LVNs for the next five years?

Workforce data¹ continues to project growth in the employment of nursing and psychiatric technicians. Specifically, a 16% growth in the employment of RNs and LVNs is projected from 2014 to 2024. The California Employment Development Department has also projected growth. Employment of LVNs in the State is projected to increase by 20.9% between 2014 and 2024. It is hypothesized that this growth is a response to an increased overall need for healthcare services, escalating growth in the nation's elderly population, scientific and technological advancements, and a corresponding workforce aging, expected retirements and exodus from the profession.

Growth is also projected in the employment of PTs. According to the U.S. Bureau of Labor Statistics, 5% growth is projected in the employment of PTs from 2014 to 2024 across the nation. The California Employment Development Department projects employment of PTs in the State to increase by 1.2% between 2014 and 2024.

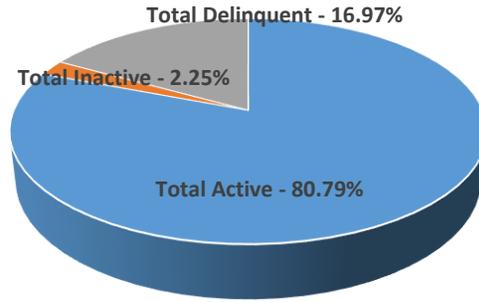
¹ U.S. Bureau of Labor Statistics September 19, 2016

It is hypothesized that the reduced projection for California is a result of changes occurring in the site in which client care is delivered. Historically, clients with mental disorders and developmental disabilities were provided care in State hospitals and developmental centers. Information from the Department of Developmental Services confirmed the pending closure of the remaining developmental services in accordance with federal guidelines designating a change in the delivery of care for clients with developmental disabilities. Clients with diagnoses of developmental disabilities are now being relocated to small group homes rather than large institutions. As the site of care is changing, employment or utilization of personnel will also change. Clients' need for care remains; only the site of delivery is changing.

TABLE 1 – Population of Healthcare Professionals			
Healthcare Professional Classification	Employment Projections 2014 – 2024		Current California Population
	National	California	
Licensed Vocational Nurse	16%	20.9%	120,041
Psychiatric Technician	5%	1.2%	11,840

Licensed Vocational Nurses and Psychiatric Technicians are entry-level professions. Effective October 18, 2016, existing statistics confirm that California's population of LVNs includes 120,041. California's current population of PTs includes 11,840. The current population of practitioners includes licensees holding active and inactive licenses in addition to those holding delinquent licenses.

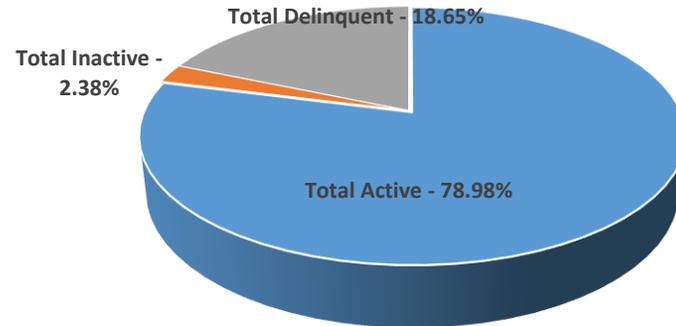
**Current Healthcare Workforce
Licensed Vocational Nurses**



California Code of Regulations §§ 2540.1 (VN) and 2592.1 (PT) specify that licensees are required to submit proof of completion of 30 hours of continuing education that is related to their practice as a condition of re-licensure. Active licensure denotes full compliance with existing statutory and regulatory requirements for initial licensure and re-licensure. Inactive licensure denotes noncompliance

with requirements for licensure. Typically, inactive licensure signifies the licensee has submitted payment of required fees; however, has not complied with continuing education requirements for re-licensure. Delinquent licensure denotes noncompliance with requirements for licensure in excess of 30 days after expiration of licensure.

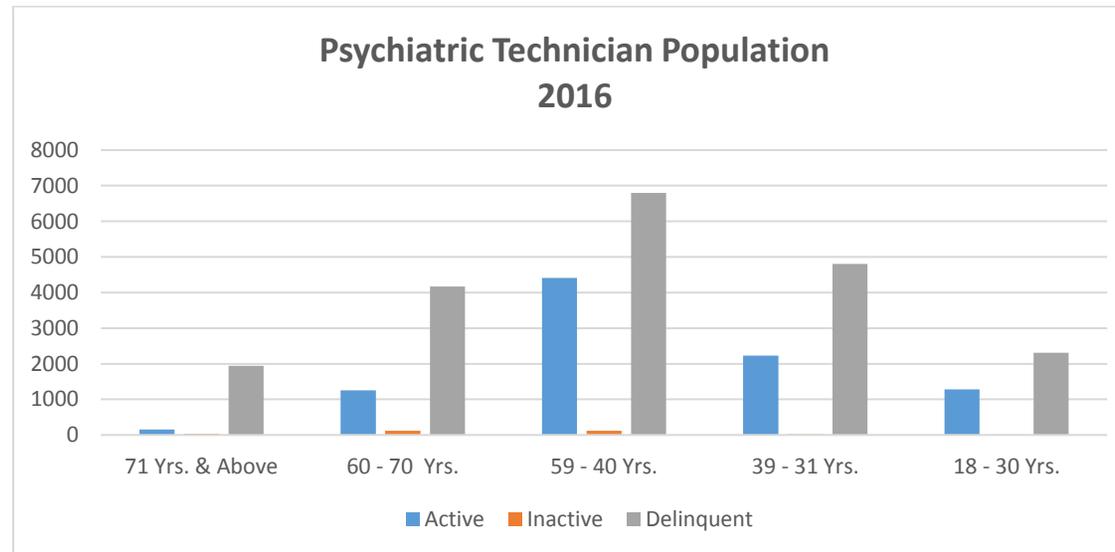
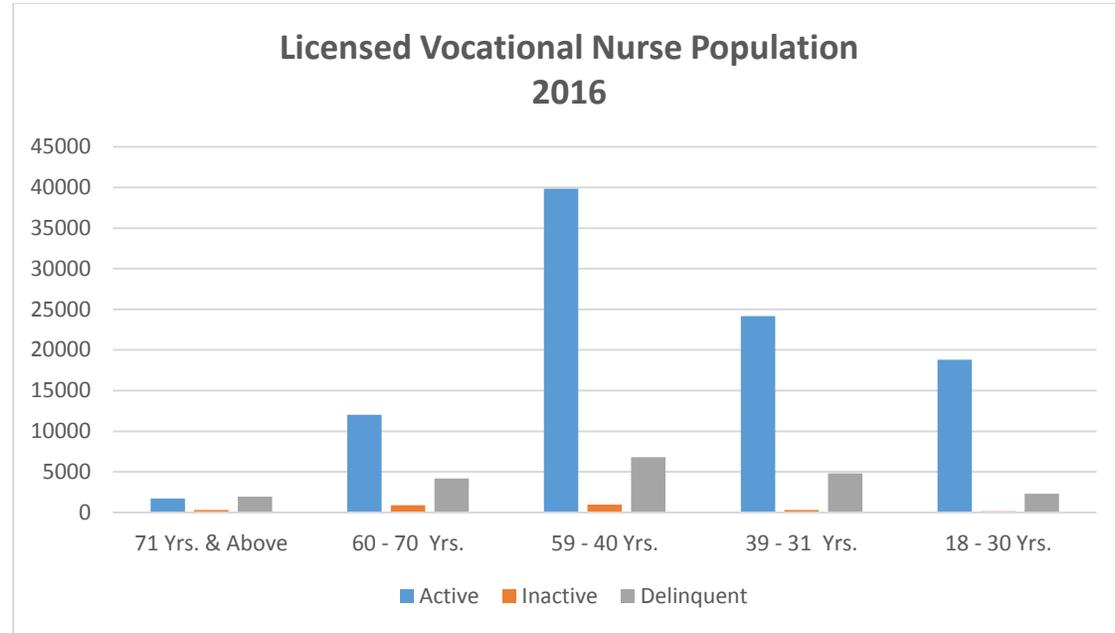
**Current Healthcare Workforce
Psychiatric Technicians**



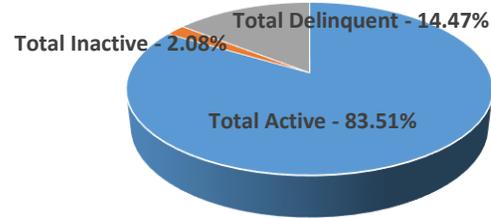
A determination of the adequacy of the current program population to meet California’s demands for competent LVNs and PTs over the next five (5) years necessitates further analysis of the licensee population.

An analysis of the age distribution of VNs and PTs substantiates that the largest populations of active VNs and PTs were born between 1957 and 1976.

Education Division: Population Data



**Current Workforce
Licensed Vocational Nurse Population
Ages 40 - 59 Years of Age**



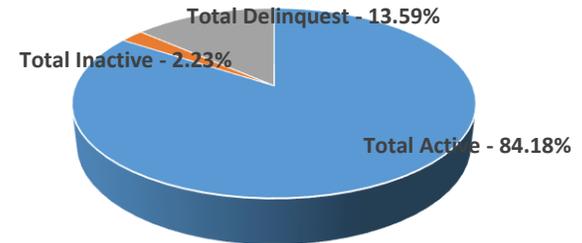
The Board is actively responding to the current and projected need with its approval of new and existing VN and PT programs. Based on the numbers of admissions approved for VN and PT programs, the graduation and licensure of VNs and PTs is projected to be adequate to meet the healthcare demands.

From 2001/2002 to 2011/12, the number of VN programs increased 140.28%; the number of PT programs increased 14.38%. The greatest area of growth was in private programs. In 1985, community colleges comprised 70% of the total number of approved and preapproved VN and PT programs; private programs comprised the smallest number of programs.

Chronologically, this population of licensees are between 40 and 59 years of age. This population of LVNs includes 47,770 licensees (Active: 39,888; Inactive: 992; Delinquent: 6,890). The population of PTs includes 5,247 licensees (Active: 4,417; Inactive: 117; Delinquent: 713).

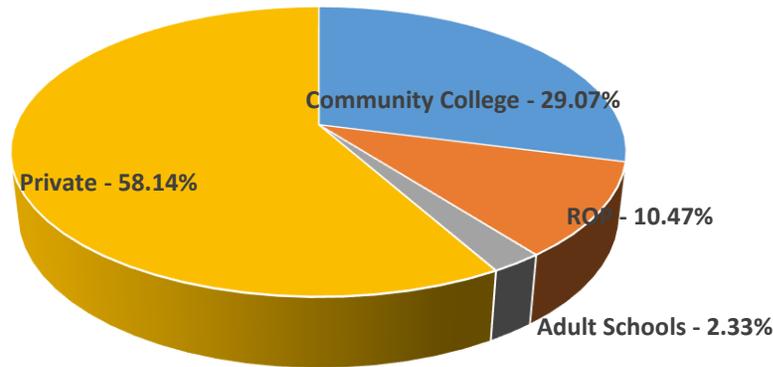
Using a standard retirement age of 65, this population of licensees are projected to practice an additional eight (8) to twenty five (25) years – between 2022 and 2041.

**Current Workforce
Psychiatric Technician Population
Ages 40 - 59 Years of Age**



Effective August 1, 2016, a total of 172 programs are approved by the Board to offer educational programs leading to vocational nurse (VN) and psychiatric technician (PT) licensure. Of the total programs, 58.14% are proprietary programs; 29.07% are community college based programs; 10.47% are based in regional occupational centers; and 2.33% are based in adult schools.

VN AND PT PROGRAM CLASSIFICATION



There are five (5) VN and one PT preapproved programs awaiting full approval, for a total of six (6) preapproved programs. An additional four (4) VN and one PT educational institutions are currently completing development of their curriculum and securing educational resources required for submission of a complete proposal requesting approval for program commencement.

Upon submission of a request for program commencement, the Board assigns a NEC to assist the school in reaching its goal for development of a proposal that includes a curriculum with critical resources that is presented in a sequence that results in students' progressive mastery of complex scientific knowledge and skills and demonstrated proficiency in performance of skills and procedures. Early in the development process, the VN or PT program director is forwarded an electronic orientation. Information presented provides an orientation and clarification relative to statutory and regulatory requirements with which programs must comply to achieve approval. The electronic orientation is followed by a teleconference with the assigned NEC. At this time, additional clarification is provided as needed.

Education Division: Program Classification

The assigned NEC assists the director in the development of the necessary curriculum. Specifically, the consultant completes a thorough analysis of the curriculum and provides critical feedback.

Following program approval, the Education Division continues to offer assistance relative to new and existing VN and PT programs. The Division continues to work collaboratively with programs to enhance

the delivery of quality education that ensures the preparation of safe and competent LVNs and PTs. The following table denotes the number of new and additional student admissions approved for VN and PT programs from FY 07/08 through FY 15/16.

Education Division: Admissions Statistical Data

TABLE 2. Licensing Data by Type									
New & Additional Students Admissions Approved Per Year									
VN Programs	Actual FY 07/08	Actual FY 08/09	Actual FY 09/10	Actual FY 10/11	Actual FY 11/12	Actual FY 12/13	Actual FY 13/14	Actual FY 14/15	Actual FY 15/16
# of Students Approved for "New" Programs	533	264	150	120	30	20	157	212	167
# of Additional Students Approved for "Existing" Programs	3269	3,885	4,694	7,087	6,290	6,418	8,751	5,906	6,865
Total # of <u>New & Additional</u> Student Admissions	3,802	4,149	4,844	7207	6,320	6,438	8,908	6,118	7,032
% Growth in Admissions									84.95%
PT Programs	Actual FY 07/08	Actual FY 08/09	Actual FY 09/10	Actual FY 10/11	Actual FY 11/12	Actual FY 12/13	Actual FY 13/14	Actual FY 14/15	Actual FY 15/16
# of Students Approved for "New" Programs	30	30	30	0	30	15	30	0	20
# of Additional Students Approved for "Existing" Programs	15	30	100	225	180	636	180	485	110
Total # of <u>New & Additional</u> Student Admissions	45	60	130	225	240	651	210	485	130
% Growth in Admissions									188.89%

It must be noted that existing VN and PT programs are experiencing an increased number of applicants for admission into a limited number of class slots. That increase in addition to the number of individuals licensed is projected to provide sufficient licensees to meet the current and future needs for healthcare personnel.

How is the BVNPT working with OSHPD to increase applicants for loan repayment programs?

Effective July 1, 2004, SB 358 (Chapter 640, Statutes of 2003) established the Health Professions Education Foundation (HPEF) under the auspices of the Office of Statewide Health Planning and Development. The HPEF was given the authority and responsibility to establish funding sources to assist various levels of nursing students with their education in return for a contractual commitment to work in an underserved area of the state following licensure. The Vocational Nurse Education Fund (VNEF) was established for VN candidates. Each LVN is assessed an additional \$5 fee when they renew their license every two years. Although the Board collects the \$5 fee, the funds are immediately transferred to the HPEF. According to the HPEF, the Office of Administrative Law approved the regulations effective July 24, 2006.

The Board has disseminated information regarding the VNEF since the passage of SB 358. Additionally, the Board has invited HPEF administrators to address the Board and to speak to groups of VN educators regarding its progress on two occasions. Further, the Board annually disseminates information to all California VN Programs regarding this program.

What is the BVNPT doing to increase clinical rotation availability for students? Are program approvals contingent on ensuring appropriate placements?

Pursuant to California Business and Professions Code §§ 2882 (VN) and 4531 (PT), all VN and PT programs are required to provide a course of instruction that includes theory instruction in addition to clinical instruction. Specifically, VN programs are required to provide clinical instruction in the care of clients with medical, surgical, and obstetrical diagnoses. Programs are also required to provide clinical experience in the care of sick children. PT programs are required to provide theory instruction that includes pathophysiology and care of clients with mental disorders and developmental disabilities. Additionally, the statute specifies that clinical inpatient experience shall be an integral part of the program. California Code of Regulation §§ 2534 (VN) and 2588 (PT) specify that VN and PT programs

must have available for assignment to students, an adequate daily census of clients to afford a variety of clinical experiences that are consistent with competency – based objectives and presented theory.

The Board confirms the adequacy of program clinical placements and consistency with the current and proposed student enrollment prior to program approval. Programs are required to secure clinical facilities that provide an adequate daily census of clients sufficient to afford a variety of clinical experiences that are consistent with competency – based objectives and presented theory.

The Board has identified difficulties in the adequacy of available clinical placements that provide clinical experience in obstetrical nursing and pediatric nursing. This shortage has been identified throughout all states. Difficulties in securing sufficient clinical placements have been reported by new and existing programs. Discussion among program administrators confirms that a number of programs obtain clinical placement based on financial incentives. Such incentives reduce the availability for all programs.

The Board continually researches and analyzes optional experiences and technological advancements that may enhance or augment experiences provided by clinical facilities. Such options and advancements must offer student experiences that are consistent with the program's objectives. Clinical simulation is one such experience. It is widely recognized that clinical simulation is an important instructional tool in the educational preparation of safe and competent practitioners. However, it must be noted that clinical simulation must be used to support instructional quality and student proficiency, not supplement clinical facility placement that includes actual clinical assignment to clients. Total utilization of clinical simulation is inadequate to ensure students competency. Students must complete required tasks and skills on living clients.

The Board continues to clarify the practice and utilization of LVNs and PTs for consumers, clinical facilities, licensees, other health professionals, and governmental agencies. Such clarification is typically provided in response to inquiries received telephonically and via correspondence received electronically and via U.S. mail.

Additionally, Board representatives meet with clinical facilities, private entities, and governmental representatives to clarify the theoretical and clinical preparation of VNs and PTs and corresponding utilization in the clinical setting.

Please explain the criteria by which CE providers are approved. How many CE providers have been audited?

Pursuant to authority cited in Business and Professions Code §§ 2892.5 (VN) and 4517 (PT), the Board is authorized to establish a continuing education program to ensure LVNs and PTs possess current knowledge, skills, and abilities relative to their field of study. Further, the Board is authorized to establish standards to ensure the provision of a variety of alternative forms of continuing education for licensees.

As specified in California Code of Regulations §§ 2540.3 (VN) and 2592.3 (PT), the Board is authorized to approve providers of continuing education for VNs and PTs. Individuals seeking approval as course providers are currently required to complete an application that identifies the initial course to be offered. That course must:

- Be related to the scientific knowledge and/or technical, manual skills required for VN and/or PT practice;
- Be related to direct and/or indirect client care; and
- Provide learning experiences expected to enhance the knowledge of the LVN or PT at a level above that required for initial licensure.

In accordance with the realignment of unit tasks, implementation of statutes and regulations relative to the Board's continuing education program for LVNs and PTs has been recently assigned to the Education Division.

Accordingly, applications for approval of continuing education providers are processed and approved by the Division's Nursing Education Consultants. In so doing, assigned Division staff complete an analysis and evaluation of the proposed course, including the following elements:

Course Description

Pursuant to regulatory requirements, each course must be related to the practice of LVNs and/or PTs.

Learning Objectives

Providers are required to identify objectives for the proposed course that are clearly stated in measurable terms. Such objectives specify the learning standards students are expected to meet upon course completion.

Course Hours

The Provider must specify the number of theory and clinical hours to be awarded upon successful completion of the proposed course.

Evaluation Methodology

Providers are required to include the methodology by which the course and students are evaluated.

Textbooks or Required References

To ensure communication to licensees and interested consumers, a list of currently approved providers of continuing education is listed on the Board's website. Effective January 1, 2017, such information also be listed in BreZE. This action will communicate information to licensees. Further, this technology will automatically generate a renewal notice to providers 60 to 90 days prior to approval expiration.

What is the status of program applications?

Pursuant to authority cited in Business and Professions Code, Division 2, Chapter 6.5, Article 4, § 2881 (VN) and Chapter 10, Article 4, § 4531 (PT), the Board is authorized to approve all VN and PT programs. California Code of Regulations Division 25, Chapter 1, Article 5 (VN) and Chapter 2, Article 5 (PT) specify the procedure required for approval of new programs.

As specified therein, the following critical program elements are required in each submitted proposal:

- Philosophy of the Program
- Conceptual Framework
- Curriculum Objectives
- Course Outlines
- Course Objectives
- Instructional Plan
- Evaluation Methodology for Curriculum
- Qualified Faculty
- Clinical Facilities Evaluation Methodology
- Admission Criteria
- Screening and Selection Criteria
- Proposed Student Population
- Evaluation Methodology for Student Progress
- Counseling and Tutorial Resources for Students
- Student Policies
- Organizational Chart
- Evidence of Program Resources
- Terminal Objectives specifying expected student outcomes upon successful completion of the program.

- Clinical facilities that provide a sufficient number, type, and variety of clients treated to provide clinical experience of like character and quality for all enrolled students in the areas of the curriculum.

As of February 28, 2014, Board files contained a total of 146 applications for commencement of new vocational nursing (135) and psychiatric technician (10) programs requiring initial analysis. That backlog resulted from the marked increase in the number of proposals for commencement of new programs and the prolonged shortage of NECs the Board experienced from 2007 through January 7, 2015.

Preliminary analysis of submitted applications identified a number of critical deficiencies. A number of applications had been submitted without required documents. Others had been submitted without a proposed program director. While the Board had forwarded correspondence advising of deficiencies and required corrections, a number of programs had failed to respond or provide the requested documents and information. Other applicants failed to submit a proposed curriculum.

On February 26, 2014, the Board approved a moratorium on the processing of new proposals for commencement of VN and PT programs. The Board directed staff to remove the non – responsive proposed programs from the queue of programs to be analyzed and issue a notice to the non – responsive programs. Further, staff were directed to advise proposed programs without a current Board – approved director that their proposals would not be processed until a director, approved by the Board, is in place and advise that if such action does not occur in 30 days that the proposed program will be removed from the queue of programs to be analyzed.

The Education Division subsequently began a thorough analysis of submitted proposals to ensure compliance with statutory and regulatory requirements. Each curriculum must contain critical content that is presented in a sequence that results in enrolled students’ progressive mastery of increasingly complex scientific knowledge, skills, and abilities. In so doing, each curriculum must result in the preparation of licensees able to provide safe and competent client care upon entry into professional practice.

Effective February 28, 2016, the moratorium ended. Since that time, one additional proposal and six (6) applications have been received. Effective September 1, 2016, two (2) proposals await analysis (VN - 1; PT - 1). Five (5) educational institutions (VN - 4; PT - 1) have reported continued development of the curriculum and securing educational resources required for submission of a complete proposal for program commencement. From 2014 through 2016, the Board has approved the commencement of ten (10) new VN programs.

Are all NEC positions currently full, if not, have you explored other options for attracting applicants to the NEC position besides salary? (Flexible schedules, etc.).

As noted previously, the Board experienced a critical shortage in the Nursing Education Consultant (NEC) classification that dates as early as 2007. From 2009 through 2013, 80% of the Board's NEC positions were vacant.

Effective September 21, 2016, the Board has filled all currently approved positions for the NEC Consultant classification. To accomplish this, the Board requested and was granted authorization to hire above minimum salary. Additionally, the Board implemented limited alternative staff headquarters designations. This allowed the hiring of NECs with their home designated as headquarters.

LICENSING AND ADMINISTRATIVE SERVICES DIVISION

The mission of the Board of Vocational Nursing and Psychiatric Technicians (Board) is to protect the public. Public protection is paramount to the Board and its highest priority in exercising its licensing, regulatory and disciplinary functions.

The Board currently licenses 120,041 vocational nurses (VNs) and 11,840 psychiatric technicians (PTs).

Licensing and Administrative Services Division Improvements

The Licensing Division (Division) is pleased to announce that processing times for school graduates has decreased from approximately six (6) weeks to as quickly as one (1) week. This decrease in processing time has allowed some graduates to schedule their examination within one month of applying. Decreasing examination application processing times greatly assists graduates with information retention and leads to a more successful examination.

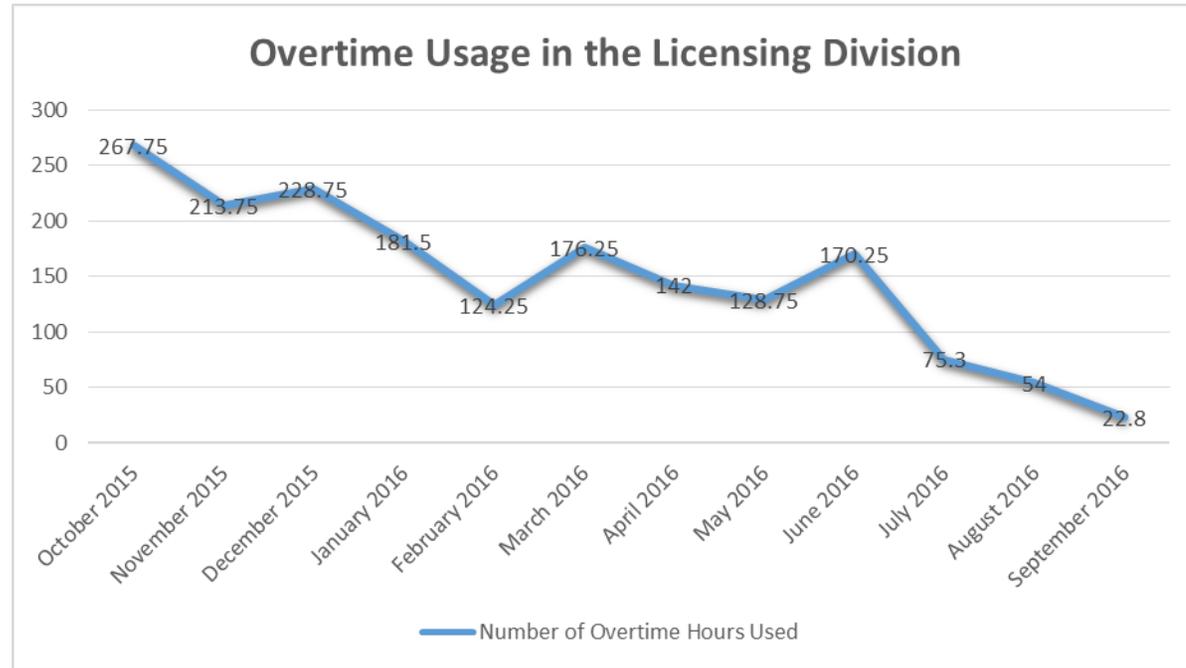
In an effort to provide our applicants, licensees and consumers with excellent customer service, the Board has increased its receptionist/phone staff by 100%, and has also created an association with the Department of Consumer Affairs (DCA) Consumer Information Center (CIC) to assist the Board with overflow calls and BreZE technical questions. Having the ability to utilize DCA/CIC as a resource has greatly enhanced the Board's ability to respond to applicants, licensees and consumers. The Board is excited to announce that the establishment of a call-center is currently in progress. The Board's vision is to decrease call wait times, increase customer service, and consumer protection.

In addition to increasing the Board's receptionist/phone staff, the Licensing and Administrative Services Divisions were approved to hire four (4) additional positions: one Office Assistant (Mailroom), one Staff Services Analyst (International Evaluator), one Associate Governmental Program Analyst (Legislation and Regulations Analyst), and an additional Staff Services Manager (Support Services). These additional

Licensing and Administrative Services Division: Improvements and Reorganization

positions will greatly assist the Division in appropriately distributing current workloads, thus increasing efficiency, as well as consumer and Board staff satisfaction.

The amount of overtime usage in the Division in the last year has drastically reduced. During the last quarter of 2015, the Division was using an average of 236.75 hours each month. In the last quarter of this year, the Division used an average of 50.7 hours, a decrease of 78.6%.



Reorganization

In Fiscal Year (FY) 2014/15, one Staff Services Manager (SSMI) provided oversight of the Licensing and Administrative Services Divisions. As a result, the assigned SSMI was responsible for effective management of the day-to-day operations for 32 employees, including the following classifications:

Licensing and Administrative Services Division: Reorganization

- Office Assistant;
- Office Technicians;
- Program Technicians I;
- Program Technicians II;
- Management Services Technicians;
- Staff Services Analysts;
- Associate Governmental Program Analysts;
- Associate Information Systems Analyst; and
- Office Services Supervisor.

In FY 2015/16, the Board's acting Executive Officer appointed a Supervising Program Technician III (SPT III). During that same fiscal year (FY), the Staff Services Manager (SSMI) retired from state service. Subsequent to the reorganization (see below) in an effort to improve the organization of the Licensing Division, the SPT III was reclassified to an Office Service Supervisor III, thus, allowing the Board to be compliant with staff allocation rules specified by the California Department of Human Resources.

In FY 2015/16, the Board's new Executive Officer completed a thorough analysis of the existing structure of the Divisions and associated workload of the SSMI. In so doing, the Executive Officer determined that the Division structure and workload necessitated a revised administrative structure. As a result, a vacant Staff Services Analyst position was reclassified to create a second SSMI position. This change enhances the efficiency of the Licensing and Administrative Services Divisions and better utilizes managerial resources.

Reorganization of the Licensing and Administrative Services Divisions enhanced the Board's ability to carry out its mission to protect California consumers. Prior to reorganization, the Divisions were managed by one SSMI. Under the reorganization, each Division is now managed by a SSMI.

New Licensing and Enforcement Database – BreZE

In January 2016, the Board transitioned to the new BreZE licensing and enforcement database. This new system provides online services for our consumers, licensees and applicants, as well as data conversion and reporting tools. The BreZE system now allows Licensing Division staff to capture data that could not be obtained in the old (CAS/ATS) systems.

In addition to BreZE, as of July 2016, the Board is also able to utilize the Quality Business Interactive Reporting Tool (QBIRT) system, which allows the Board to run various reporting statistics. Previously, reports were limited and sometimes reliant on Board staff to maintain workload, processing times, pending applications, etc., using Excel or other programs.

Since the implementation of BreZE on January 19, 2016, the Licensing processing times have increased, however the Board has obtained the ability to capture additional imperative data. The Licensing Division continuously works to improve current processes and anticipates decreasing its processing times in an effort to protect the public.

International Applicants – Requirement of Credentialing Service Evaluation

Effective June 2016, the Board requires all international educational documents to be evaluated by a third party credentialing service agency to increase consumer protection by ensuring each applicant's educational history meets California standards.

Please list the Board Committees that have met since the last Sunset Review.

Since the last Sunset Review, the Board now has a full complement of board members. Our standing committees were reactivated. For example, our Legislation and Regulations Committee reviewed and developed positions on 18 pending Legislation. The Education Committee makes recommendations on initial provisional status for educational institutions, as well as reviews complex regulatory issues impacting academic institutions. The other six committees have also met regularly: Enforcement, Evaluations, Executive, Licensing, Practice, and Strategic Outreach.

The following committees have met since the last Sunset Review:

- Education Committee
- Enforcement Committee
- Evaluations Committee
- Executive Committee
- Legislation and Regulations Committee
- Licensing Committee
- Practice Committee
- Strategic Outreach Committee

What percentage of current licensees are fingerprinted, including those licensed pre-1998?

Business and Professions Code § 480 authorizes the Board to deny licensure to eligible candidates if the applicant has:

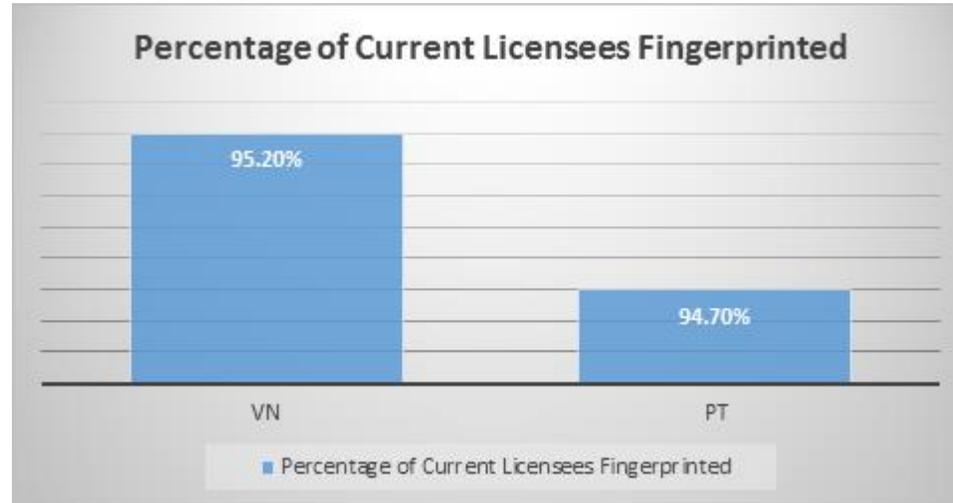
- (1) Been convicted of a crime. A conviction within the meaning of this section means a plea or verdict of guilty or a conviction following a plea of nolo contendere. Any action that a board is permitted to take following the establishment of a conviction may be taken when the time for appeal has elapsed, or the judgment of conviction has been affirmed on appeal, or when an order granting probation is made suspending the imposition of sentence, irrespective of a subsequent order under the provisions of Section 1203.4, 1203.4a, or 1203.41 of the Penal Code.
- (2) Done any act involving dishonesty, fraud, or deceit with the intent to substantially benefit himself or herself or another, or substantially injure another.
- (3) Done any act that if done by a licentiate of the business or profession in question, would be grounds for suspension or revocation of license.

That denial is authorized provided the act or crime is substantially related to the qualifications, functions, or duties of the business or profession for which application is made.

Accordingly, the Board requires all applicants for initial or renewal Vocational Nurse or Psychiatric Technician licensure to undergo a criminal history background check by the Department of Justice (DOJ) and the Federal Bureau of Investigations (FBI). The Board withholds licensure until a report is received from these agencies.

Licensing and Administrative Services Division: Fingerprinting and Arrest/Conviction Notifications

Of the total licensee population, Board records confirm compliance of 95.20% of the current vocational nurse population. Additionally, compliance is confirmed for 94.70% of the current psychiatric technician population.



Does the Board get automatic arrest/conviction notifications for licensees?

Yes. Once the Board receives an initial Department of Justice (DOJ) and Federal Bureau of Investigation (FBI) response (required prior to licensure), the Board receives Subsequent Arrest Reports (SARs) from DOJ for all applicants and licensees. The SAR is then routed and reviewed by the Board’s Enforcement Division after the applicant passes their examination. SARs for licensees are routed directly to the Enforcement Division for review.

Does every division (Licensing, Cashiering) have current procedure manuals?

The Board is leveraging established processes from other DCA Board and Bureaus as well as the National Council of State Boards of Nursing to develop robust procedures. Additionally, we are working with the State of California Government Operations (GovOps) to conduct a Lean Green Belt 6-month project to streamline processes and maximize efficiency. We anticipate having this project completed by Summer 2017.

The Board ensures its staff adhere to the procedures by the following:

- By having monthly one on one meetings with staff and continually educating staff.
- Holding regular unit meetings to discuss processes and ensuring consistency in applying the processes.
- Conducting quarterly All-Staff meeting to provide critical Board-wide updates for staff as well as discuss procedure changes that will directly and indirectly affect units.

Licensing and Administrative Services Division:

Statistical Data

Please provide metrics on current licensing statistics since the last review.

TABLE 3a. Licensee Population (VN Program)			
		FY 2014/15	**FY 2015/16
Vocational Nursing	Current *	104,261	98,297
	Out-of-State	4,073	3,893
	Out-of-Country	39	44
	Delinquent	23,844	20,233
* Includes active and inactive licenses ** As of 9/9/2016			
TABLE 3b. Licensee Population (PT Program)			
		FY 2014/15	**FY 2015/16
Psychiatric Technician	Current *	10,843	9,610
	Out-of-State	162	116
	Out-of-Country	3	2
	Delinquent	2,387	2,215
* Includes active and inactive licenses ** As of 9/9/2016			

Licensing and Administrative Services Division:

Licensing Statistical Data

TABLE 4a. Licensing Data by Type (VN Program)					
	Application Type	Received	Approved	Closed	Issued
FY 2014/15	(Exam)	9,951	6,074	1,644	n/a
	(License)	7,470	7,271	n/a	7,271
	(Renewal)	50,129	50,537	2,117	50,537
FY 2015/16	(Exam)	7,805	5,725	2,882	n/a
	(License)	6,784	6,100	n/a	6,100
	(Renewal)	52,385	50,348	6,149	50,348

TABLE 4b. Licensing Data by Type (PT Program)					
	Application Type	Received	Approved	Closed	Issued
FY 2014/15	(Exam)	612	547	75	n/a
	(License)	491	489	n/a	485
	(Renewal)	5,641	5,687	297	5,687
FY 2015/16	(Exam)	1,067	588	57	n/a
	(License)	591	404	n/a	404
	(Renewal)	5,439	5,437	1,067	5,437

Licensing and Administrative Services Division:

Licensing Statistical Data

TABLE 5a. Total Licensing Data (VN Program)		
	FY 2014/15	FY 2015/16
Initial Licensing Data:		
Initial License/Initial Exam Applications Received	17,421	14,589
Initial License/Initial Exam Applications Approved	13,345	11,825
Initial License/Initial Exam Applications Closed	1,644	2,882
License Issued	7,271	6,100
License Renewal Data:		
License Renewed	50,537	50,348

TABLE 5b. Total Licensing Data (PT Program)		
	FY 2014/15	FY 2015/16
Initial Licensing Data:		
Initial License/Initial Exam Applications Received	1,103	1,658
Initial License/Initial Exam Applications Approved	1,036	992
Initial License/Initial Exam Applications Closed	75	57
License Issued	485	404
License Renewal Data:		
License Renewed	5,687	5,437

ENFORCEMENT DIVISION

The Board is mandated to protect consumers from dangerous practitioners in the most efficient and effective manner possible.

To this end, the Board has an aggressive enforcement program designed to protect consumers. The goal is to provide a fair and unbiased review and investigation process. Generally, most licensees serve consumers in a safe and professional manner. However, when a licensee fails to uphold their professional or ethical responsibilities, the Board conducts swift and just enforcement to protect the integrity of the profession and the safety of consumers.

From Fiscal Year 2014/15 through 2015/16, the Board:

- Closed investigations on 12,252 licensees
- Referred 654 licensees and applicants for formal discipline
- Issued 453 citations
- Collected \$182,278 in citation and fine revenue
- Revoked or accepted surrender of 408 licenses
- Placed 287 licensees on probation

Since the last sunset report in 2014 the Enforcement Division has undergone sweeping changes and reorganization. This includes changes in leadership, procedures, conversion to a new database and relocation of staff and specific units.

Leadership

The Enforcement Division has new leadership in place that includes the Enforcement Division Chief, Complaint Unit Manager and Supervising Special Investigator. With new leadership in place, an aggressive review of processes resulted in the implementation of streamlined procedures. Additionally

the Board converted to a new database, BreEZe, on January 19, 2016. This included new business processes, data conversion, and new reporting tools.

Enforcement Division Improvements

The Board formed an Enforcement Task Force comprised of two Board members on September 12, 2013 to study all factors influencing enforcement delays and improve processing times. On November 14, 2014, the Task Force Report identified recommendations intended to increase enforcement processing efficiencies and reduce the backlog of pending cases. The Board adopted the Task Force recommendations and they are identified below.

Since the last Sunset Review, the Enforcement Division has initiated the following improvements:

In July 2015 the Board obtained delegated subpoena authority to expedite obtaining medical and employee records for use in investigating alleged violations of the law. To support the use of this newly gained investigative tool Board staff was provided multiple training sessions to ensure correct and proper issuance of subpoenas. (Task Force recommendation)

The Intake Unit was created to ensure an accurate and timely assessment of each new case and assignment to the appropriate unit for investigation.

The Citation and Fine desk was created to issue all citations and coordinate informal conferences and appeals. The streamlining of the citation process created consistency in assessing fines and improved the processing time of citation cases.

Initiated regular unit meetings with its staff to provide better direction, establish goals and continuously educate staff.


Enforcement Division: Improvements


Initiated regular meetings with the Department of Consumer Affairs' Division of Investigation (DOI). Enforcement staff and the Division of Investigation (DOI) meet monthly to discuss pending investigations and to address any case aging issues. (Task Force recommendation)

Initiated regular meetings with the Office of the Attorney General (OAG). Staff continues to communicate with the OAG on a weekly basis. (Task Force recommendation)

Successfully converted to BreEZe on January 19, 2016. The Board dedicated significant staffing resources to User Acceptance Testing, data conversion testing and staff training to support a successful transition to BreEZe.

Regularly participates in the DCA's Enforcement users group and the DCA's BreEZe reports users group increasing opportunities for networking and communication of information and procedures.

The units within the division changed physical locations to support our new business process and create improved collaboration between the units.

Streamlined the transmittal process for cases sent to the Office of the Attorney General and improved the processing time for filing of pleadings.

Streamlined the voting process - Board voting is now paperless and the frequency has been increased to two times per month. (Task Force recommendation.)

Increased staff training. The majority of all enforcement analytical staff are participating in DCA's Analyst Certification Training. This is a series of courses offered to develop analytical skills. In October 2015 Investigation Unit staff attended the National Certified Investigator Training offered by the Council on Licensure, Enforcement and Regulation (CLEAR). In October 2016, Board Investigation staff participated in the inaugural NCSBN Investigator Training specifically designed for nursing board

enforcement staff. In FY 2015/16 staff was provided with significant training in areas such as how to properly obtain confidential records and preparing and issuing subpoenas.

Created weekly, monthly and quarterly performance reports. This allows for continuous monitoring and assessment of case aging and progress towards reducing processing times.

The Board is dedicated to continuous improvement of its processes to reduce processing times and provide greater consumer protection.

Please explain what traffic violations you expect applicants to declare. What is your reasoning for collecting this information?

The Board has authority to deny licensure to a vocational nurse or psychiatric technician applicant whose criminal background is substantially related to the license applied for and/or when there is reason to believe the applicant may jeopardize consumer health and safety.

The Board may deny licensure for any of the following reasons:

Conviction of a Crime - Includes a plea or verdict of guilty or a conviction following a plea of nolo contendere.

Dishonesty - Includes the commission of any act involving dishonesty, fraud or deceit with the intent to substantially benefit him/herself or another, or substantially injure another.

Related Criminal Behavior - Commission of any act which, if done by a licensed vocational nurse or psychiatric technician, would be grounds for suspension or revocation of licensure.

Falsification of Application - Includes knowingly making a false statement of fact in the application for licensure.

Disciplinary Action Taken by Another Agency or State - Includes other California health care professional licensing boards or other governmental agencies.

Offenses That May be Excluded From Disclosure

The following offenses are the only offenses that may be excluded from disclosure:

Traffic violations under \$1,000 which do not involve alcohol, dangerous drugs or controlled substances. Convictions that were adjudicated in the juvenile court (exception: if applicant was convicted as an adult while under 18 years of age).

Convictions under California Health and Safety Code Sections 11357(b), (c), (d), (e), or Section 11360(b) (marijuana-related) which are two years or older.

The Board gathers information regarding an applicant’s criminal history by requesting detailed information from the applicant about the conviction(s), including certified court documents, police reports, an explanation from the applicant about the circumstances surrounding the crime(s) and documentation regarding rehabilitation.

The Board evaluates the official criminal documents and supporting information to determine whether the conduct is related to the functions and duties of the profession.

If the Board determines to deny licensure, a Statement of Reasons (denial notice) is mailed to the applicant informing him/her of the right to request a hearing within 60 days from the date of the denial letter.

In order to reduce the reporting of minor traffic convictions and low-level fines that were causing inefficiencies in identifying and acting on relevant conviction/arrest reports, the Board pursued a regulation change. The previous regulation required applicants and licensees to disclose any conviction with a fine of over \$300 (or related to substance abuse). Effective October 2015, the fine amount

increased to \$1000 (or related to substance abuse). This change resulted in a 54% decrease in conviction/arrest reports received since the last sunset review. The Board has improved its ability to better protect the public by allowing us to focus our resources on more egregious convictions/arrest report cases.

Does the Board have written procedures?

Under new executive leadership, the Enforcement Division undertook and successfully completed written procedures. By providing each staff member with desk processes and resources tailored to each desk function along with providing continuous educational opportunities, the Board has prepared our staff with the knowledge and skills they need to be successful in upholding our mandate to ensure the safety and welfare of California's consumers. From one-on-one case reviews with staff and secondary reviews of completed cases to the use of management reports to ensure compliance with established metrics, the Board has increased accountability and efficiency.

The Board ensures employees adhere to the procedures through a variety of methods and measures, including the following:

- Secondary review by management of completed cases.
- Utilization of reports to ensure compliance with established metrics. Weekly and monthly reports are distributed to management and staff to identify bottlenecks in the overall process and case aging.
- One-on-one case reviews are held to assess case status, and to set deadlines and goals for case completion.
- Continuous education of staff.

Regular roundtable meetings to discuss case handling and ensure a consistent application of procedures. This creates consistency in case handling and keeps staff informed of best practices for case processing.

To further support timely completion of cases, the procedures include expectations for completion of specific tasks.

Does the Board have written procedures and criteria for:

Referring cases to enforcement that do not involve offenses that would support denial of a license or issuance of a Notice of Warning (NOW) in conjunction with issuance of the license?

Striving to employ the best practices and procedures, the Board developed criteria for the referral of applicant cases to enforcement from licensing. Evaluation staff are now able to process applications without referral to enforcement for certain offenses which would not result in denial of licensure or issuance of a Notice of Warning. For instance, traffic offenses with a fine under \$1,000 (unless related to substance abuse) are retained by licensing staff.

The criteria for referral now requires that applicants must meet all eligibility requirements and have passed the examination before referral to the Enforcement Division. The enforcement review will be the final step in the application process.

Applications identified for referral to the Enforcement Division must meet the following criteria before referral:

- Passed all required examinations
- Met all education and experience requirements

- Report of Conviction is complete, with letter of explanation for each offense, certified police and court documents are received

Since implementation of the new process in October 2015, the Board has seen a dramatic decrease in the volume of applicant referrals.

TABLE 6. Applicant Intake		
	FY 2014/15	FY 2015/16
Received	3320	739

Determining whether to issue a Notice of Warning with the license approval or denial of licensure?

Because no two cases are the same, Enforcement Division carries out the Board’s mandate for consumer protection by reviewing applicant referrals on a case-by-case basis. While there is no blanket criteria for approval or denial of licensure, procedures identify instances when an analyst may determine to close a case with a Notice of Warning (NOW) and approve the license, or to deny the license. The Notice of Warning is used to educate the applicant and possibly prevent further violations that could result in discipline.

Identifying cases where immediate intervention is necessary?

To achieve organizational efficiency and to ensure consumer protection, the Enforcement Division established an Intake Unit in October 2015. Comprised of an enforcement technician and an analyst, the intake staff is responsible for opening, assessing and assigning complaints. Complaints are assessed according to DCA’s *Complaint Prioritization Guidelines for Health Care Agencies* and given a priority of

“urgent” (requiring the most immediate resources), “high” (the next highest priority), or “routine” (handled in the ordinary course of business).

As complaints are received, the intake staff immediately review each complaint to determine the appropriate course of action based on priority and the Consumer Protection Enforcement Initiative (CPEI) Case Acceptance Guidelines.

Complaints about conduct that place the public at risk receive the highest priority. All cases identified as “urgent” are referred to the attention of a lead analyst or manager to determine the appropriate course of action, such as expediting the case to investigation or seeking an Interim Suspension Order or Penal Code section 23 request. These steps ensure enforcement is swift and appropriate.

Identify cases that can be handled by Complaint Unit analysts without referral to Investigations Unit or DOI?

The use of the Consumer Protection Enforcement Initiative (CPEI) case referral acceptance matrix was implemented in May 2015. Implementation of the matrix required an analysis of our case intake process and resulted in significant changes to the process. In October 2015, the Intake Unit was created to ensure timely case assignment to the appropriate investigative unit. The initial case review determines whether the case should be assigned to a complaint analyst, referred to a Special Investigator or referred to the Division of Investigation (DOI).

The types of cases which can be handled by a desk analyst without referral for field or sworn investigation include applicant enforcement referrals, arrests/convictions, licensee renewal disclosures, continuing education audits and out of state discipline cases. Trained analysts complete these case types at the desk investigation level, permitting non-sworn and sworn investigators to focus their efforts on higher priority cases.

Opening internal complaints?

The intake technician is responsible for opening licensee internal complaints, such as licensee renewal disclosures and continuing education audits. Separately, the complaint unit has an applicant technician whose sole function is related to applicant referrals from the licensing division.

Referral of cases to DOI?

The use of the CPEI case referral acceptance matrix was implemented in May 2015. Implementation required an analysis of the Board's case intake process and resulted in significant changes and a stronger relationship with the Division of Investigation (DOI).

The Intake Unit, comprised of an enforcement technician and an analyst, is responsible for opening, assessing and assigning complaints. The initial case review determines whether the case should be assigned to a complaint analyst, referred to a Special Investigator or referred to DOI.

The intake analyst refers cases for sworn investigation using the same case assignment tracking system utilized by DOI. This allows for seamless referrals and instantaneous submission of requests for service. The complaint unit manager regularly meets with its DOI liaison investigator to review case status and discuss timeframes for completing assignments. Through our collaborative efforts, our referral process has vastly improved.

Consumer Protection Enforcement Initiative (CPEI)

The Enforcement Division has consistently met all the target performance measures in FY 2014/15 and 2015/16, with the exception of Performance Measure 4, (Cycle Time for cases resulting in formal discipline). (2014/15 and 2015/16 Performance Measure Reports-Attachment)

The performance targets in the Department of Consumer Affairs' (DCA's) Consumer Protection Enforcement Initiative (CPEI) include the goal to improve discipline case processing timeframes so that cases are completed in an average of 12 to 18 months.

As of June 30, 2015, the Board had a backlog of aged cases with 3380 cases pending. The Board has made significant improvements since then and has reduced the number of pending cases as of June 30, 2016 to 1367. This is a 60% reduction in pending cases since the last fiscal year. As this legacy backlog is cleared it is expected that our overall processing times will decrease. The Board will continue to focus efforts on reducing the overall processing times.

Improved performance in meeting goals for certain phases of enforcement is promising; however, the overall target goal will take time to improve because it includes aged cases, which skews the average of the total enforcement measure.

Enforcement Division: Enforcement Statistical Data

TABLE 7a. Enforcement Statistics		
	FY 2014/15	FY 2015/16
COMPLAINT		
Intake		
Received	561	1061
Closed	0	16
Referred to INV	534	1080
Average Time to Close (days)	8	6
Pending (close of FY)	36	1
Source of Complaint		
Public	121	367
Licensee/Professional Groups	209	271
Governmental Agencies	168	159
Other	63	264
Conviction / Arrest		
CONV Received	4855	2391
CONV Assigned	4852	2412
Average Time to Close	15	11
CONV Pending (close of FY)	48	3

Increase in Complaints Received during Fiscal Year 2015-16 due to clearing a backlog of NURSYS reports and renewal disclosures and the new BreZze system allowing Complaints to be filed online starting January 2016.

Decrease in number of Conviction/Arrest Reports received due to newly implemented process improvements and a regulation change effective October 2015, increasing the fine amount of reportable conviction matters from \$300 to \$1000. Matters related to use of alcohol or controlled substance are required to be reported.

**In January of 2016, the BVNPT changed from using CAS to capture our statistics and case information to using BreEZe. These programs capture case statistics differently, and it is important to note the differences. CAS numbers are not necessarily comparable to BreEZe numbers for case aging as cases are measured differently.*

All Cases:

Since our last Sunset Review, we have achieved significant decreases in the number of cases pending. From FY 2014/15 to FY 2015/16, we achieved a 60% decrease in total number of cases pending and a 30% decrease in average days to close all cases.

Desk Investigations:

FY 2014/15 to FY 2015/16: Number of Pending Desk Investigations decreased by 76%, from 2518 desk investigations pending to 602 desk investigations pending.

TABLE 7b. Enforcement Statistics (continued)				
	FY 2014/15	FY 2015/16		
		July-Dec	Jan-June	Total
INVESTIGATION				
All Cases				
First Assigned	5450	2104	1519	3623
Closed	6781	3269	2202	5471
Average days to close*	435	332	263	304
Pending (close of FY)	3380	2074	1367	1367
Desk Investigations				
Closed	6251	3007	1820	4827
Average days to close*	419	293	141	236
Pending (close of FY)	2518	1130	602	602
Non-Sworn Investigation				
Closed	513	217	324	541
Average days to close*	601	729	703	713
Pending (close of FY)	731	585	376	376
Sworn Investigation				
Closed	17	45	144	189
Average days to close*	948	980	241	416
Pending (close of FY)	131	359	281	281

Non-Sworn Investigations:

FY 2014/15 to FY 2015/16: Number of Non-Sworn Investigations Pending decreased by 48.56%, from 731 non-sworn investigations pending to 376 non-sworn investigations pending. This is due to transferring cases to the Division of Investigation and due to the processing of a backlog of investigations.

Sworn Investigations:

FY 2014/15 to FY 2015/16: Decrease in Average Days to Close largely due to the differences in reporting between the CAS and BreEZe systems*. Weighted average between CAS and BreEZe data for average days to close therefore not applicable.

DISCIPLINE**Disciplinary Actions Trends**

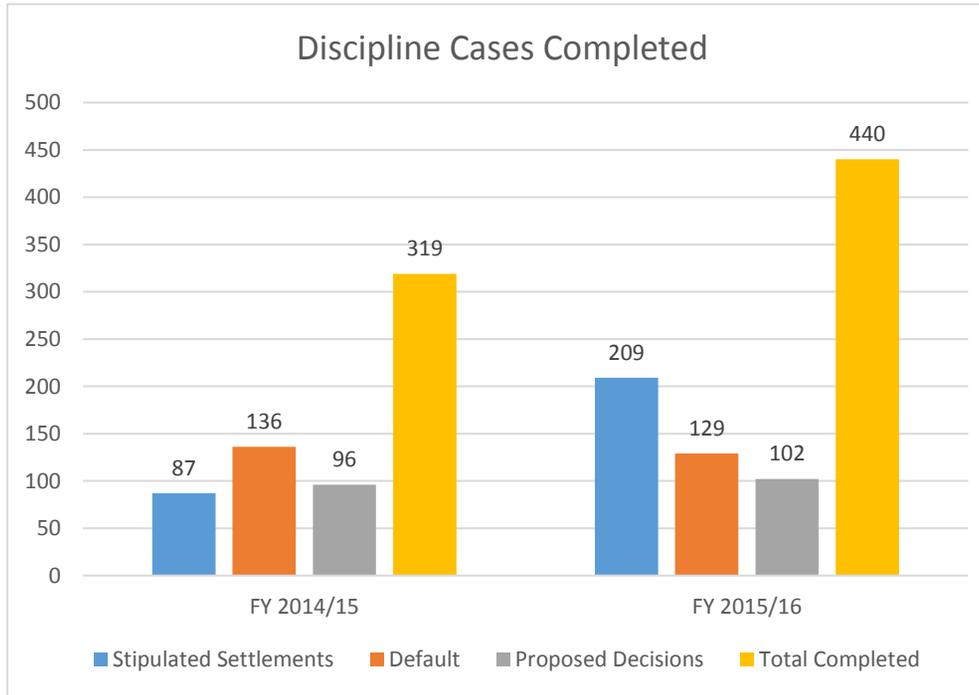
The most egregious violations of the Board's statutes and regulations are referred to the Office of the Attorney General (OAG) to pursue administrative discipline. The range of outcomes for such discipline includes a public reproof to revocation of the license.

Since the last Sunset Review the Board has increased the number of Discipline Cases Completed, particularly in FY 2015/16, due to process changes that streamlined the Attorney General (AG) process. The Board streamlined the AG transmittal process and filing of all pleadings (accusations and statements of issues).

TABLE 7c. Enforcement Statistics (continued)		
	FY 2014/15	FY 2015/16
DISCIPLINE		
AG Cases Initiated	290	364
AG Cases Pending (close of FY)	503	342
LICENSE DENIAL		
License Applications Denied	84	33
SOIs Filed	69	30
SOIs Withdrawn	5	5
SOIs Dismissed	0	0
SOIs Declined	0	0
Average Days SOI	998	788
ACCUSATION		
Accusations Filed	284	257
Accusations Withdrawn	9	3
Accusations Dismissed	1	2
Accusations Declined	4	2
Average Days Accusations	1148	1042
DISCIPLINARY ACTIONS		
Proposed/Default Decisions	232	231
Stipulations	87	209
Average Days to Complete	1129	1005
DISCIPLINARY OUTCOMES		
Revocation	163	161
Voluntary Surrender	34	50
Suspension	0	0
Probation with Suspension	2	1
Probation	65	150
Probationary License Issued	17	30
Public Letter of Reprimand	2	4
Other*	36	44

Enforcement Division: Discipline

The Board has increased Stipulated Settlements due to focused efforts in pursuing completion of formal discipline and reducing case processing time. The discipline guidelines dictate appropriate action to pursue in the settlement process. By increasing the number of cases resolved in stipulated settlement according to discipline guidelines, this allows revocation and high profile cases to proceed to hearing more quickly.



The Board will continue to work with the OAG to streamline our processes to reduce processing times.

Provided below is a multi-year comparison of closure times for cases referred for action to the Office of the Attorney General. When compared to our prior Sunset Review the Board has made significant improvements in the number of cases pending at the AG and the number of completed discipline actions.

Number of AG Cases Pending has decreased by 32% from FY 2014/15 to FY 2015/16.

The decrease in License Applications Denied and SOIs Filed is due to new Applicant Referral Procedures.

Citation and Fine

Since the last Sunset Review the Board has aggressively utilized its authority to issue citations and fines to address less egregious violations in an expedient manner. The Board finds this process to be an efficient mechanism for resolving minor violations.

Citations and fines can be a cost effective means to address minor violations. Citations are issued primarily for minor first-offense issues, minor documentation violations, disciplinary actions taken by other State Boards or for some first-offense criminal convictions. On a first-offense conviction, individual factors are taken into consideration on a case by case basis to determine whether a citation should be issued.

The chart below demonstrates the increase of citations issued, fines assessed, fines collected, and the average time from opening a case to issuing the citation and fine for the last two (2) fiscal years

TABLE 7d. Enforcement Statistics (continued)		
	FY 2014/15	FY 2015/16
CITATION AND FINE		
Citations Issued	103	350
Average Days to Issue Citation	529	393
Amount of Fines Assessed	\$62,656	\$189,272
Reduced, Withdrawn, Dismissed	9	14
Amount Collected	\$66,017	\$116,261

Enforcement Division: Case Aging

TABLE 8. Enforcement Aging				
	FY 2014-15	FY 2015-16	Total Cases Closed	Average %
Investigations Closed				
Closed Within:				
90 Days	2335	1942	4277	35
90-180 Days	1263	858	2121	17
180 days-1 Year	906	1115	2021	17
1-2 Years	824	879	1703	14
2-3 Years	697	455	1152	9
Over 3 Years	756	222	978	8
Total Cases Closed	6781	5471	12252	
Attorney General Cases Closed				
Closed Within:				
1 Year	0	10	10	1
1-2 Years	55	130	185	24
2-3 Years	108	155	263	35
Over 3 Years	156	145	301	40
Total Cases Closed	319	440	759	

Investigations Closed:

The number of cases closed with a case age of 2-3 years decreased, from 697 to 455, a 34.7% decrease. The number of investigations closed with a case age of over 3 years has decreased from 756 to 222 cases, a 70.6% decrease.

In FY 2014-15, investigations closed with a case age of over 2 years made up 21% of all investigations closed. Investigations this old made up only 12.4% of cases closed in FY 2015-16, a significant improvement.

In FY 2014-15, cases closed within 2 years made up 78.6% percent of all cases closed. In FY 2015-16, cases closed within 2 years made up 87.6% percent of all cases closed.

AG Cases Closed:

FY 2014/15 to FY 2015/16: Increase in AG cases closed within one year from 0 to 10.

FY 2014/15 to FY 2015/16: 136.36% increase in AG cases closed in 1-2 years.

FY 2014/15 to FY 2015/16: 43.52% increase of AG cases closed in 2-3 years.

FY 2014/15 to FY 2015/16: 7.05% decrease in AG cases closed in over 3 years.

FY 2014/15 to FY 2015/16: 37.93% increase in AG cases closed.

PROBATION MONITORING

Licensees who are placed on probation are monitored by the Board. The average length of probation is three to five (5) years, and the license is restored upon successful completion of probation.

A probationary file is established to monitor an individual's compliance with the probation requirements (i.e., cost recovery payments, remedial education course completion, and quarterly reports). When a

Enforcement Division: Uniform Standards for Substance Abusing Licensees

probationer violates a term of probation, the Board has the option to revoke probation and impose previously stayed discipline.

Does BVNPT adhere to the Uniform Standards Regarding Substance Abusing Licensees: bodily fluid testing, etc.?

The Board incorporated the Uniform Standards in their Disciplinary Guidelines to facilitate uniformity of disciplinary orders for substance abusing licensees and for paramount protection of the public. In December 2012, the Board’s regulations were approved for the utilization of the disciplinary guidelines entitled, “Disciplinary Guidelines and Uniform Standards Related to Substance Abuse.”²

The Board negotiates settlements for substance-abusing licensees to ensure that the Board is fulfilling its mandate to protect the consumer through comprehensive monitoring. All Board stipulated settlements and proposed decisions for substance-abusing licensees include the Uniform Standards to ensure licensees are subject to stringent measures. Trained probation monitors review and respond to all positive results.

Since its adoption, the Board has seen a steady increase in the number of licensees that submit to bodily fluid testing (BFT), as shown in the graph below. The number of probationers subject to BFT has increased by 68% due to the increased number of probations in 2015/16. The increase in new probationers is directly related to the increase in discipline outcomes resulting in probation and the processing of the legacy backlog to completed discipline.

² <http://www.bvnpt.ca.gov/pdf/discguide.pdf>

TABLE 9. Probation/Subsequent Discipline		
	FY 2014/15	FY 2015/16
PROBATION		
New Probationers	96	191
Total Probationers (close of FY)	329	429
Probations Successfully Completed	41	36
DRUG TESTING		
Probationers Subject to Drug Testing	217	312
Drug Tests Ordered	3563	5978
Positive Drug Tests <i>*include non-RX and valid RX.</i>	278	601
MODIFICATION OF PROBATION		
Filed	2	8
Granted	1	2
Denied	1	0
TERMINATION OF PROBATION		
Filed	0	3
Granted	1	2
Denied	0	1
SUBSEQUENT DISCIPLINE		
Subsequent Discipline Initiated	40	39
Petitions to Revoke Probation	19	25
Subsequent Discipline Revocation	24	24
Surrender of License	17	14
Probation With Suspension	0	0
Suspension Only	0	0
Probation (Extended)	3	2
Other Decisions	0	0

TABLE 10. Reinstatements		
REINSTATEMENTS		
	FY 2014/15	FY 2015/16
Filed	20	32
Granted	10	17
Denied	10	10

Cost Recovery

California Business and Professions Code section 125.3 authorizes the recovery of investigation costs associated with the formal discipline of a license.

The Board seeks cost recovery in all cases where cost recovery is authorized. Reimbursement of Board costs is a standard term of probation listed in the Board’s *Disciplinary Guidelines*. The Board seeks the award of costs when settling cases with a stipulation, as well as with decisions provided through an administrative hearing.

Costs are a component in stipulations for surrender of a license; however, costs are typically not required to be paid until or unless the licensee reapplies for licensure. Costs are also a component in decisions or stipulations for a revocation of a license but are not required to be paid until or unless the licensee applies for reinstatement.

During the settlement process, the Board will frequently offer to reduce costs as an incentive to settle a case prior to a hearing. This strategy is beneficial to all parties in that hearing costs and time to resolve the matter are reduced, the individual may continue to practice while on probation, and the individual’s violations and probation terms are publicly disclosed sooner.

Typically, most costs awarded to the Board in probation cases are paid in installments, so money awarded as costs in one year may not be fully collected until the end of the probation period, perhaps in three to five years.

In general the Board does not believe it will recover the costs for the majority of those with either a revoked or surrendered license.

The Board does not have the authority to seek cost recovery in a Statement of Issues case (where an applicant has appealed the denial of his or her application).

TABLE 11. Cost Recovery		
	FY 2014/15 (Dollars in Thousands)	FY 2015/16 (Dollars in Thousands)
Total Enforcement Expenditures	\$7,231	\$7,238
Potential Cases for Recovery*	503	342
Cases Recovery Ordered	141	205
Amount of Cost Recovery Ordered	\$532	\$623
Amount Collected	\$169	\$183
*Potential Cases for Recovery" are those cases in which disciplinary action has been initiated.		

NEW ISSUES

ESTABLISHMENT OF CITATION AND FINE PROGRAM

California Code of Regulations §§Sections 2526.1 (c) and 2581.1 (c) authorize the Board to place any program on provisional approval when the program does not comply with all regulatory requirements. If the program fails to meet all requirements at the end of the initial provisional approval period, the Board may extend provisional approval if the program demonstrates to the satisfaction of the Board a good faith effort to correct the deficiencies or revoke provisional approval.

If new or continuing programs fail in their attempts to remain compliant with the VN or PT regulations, the Board has authority to place the programs on provisional approval. The most frequent areas of noncompliance include, but are not limited to:

- Inadequate Faculty to Supervise Students;
- Utilization of Unapproved Faculty;
- Utilization of Unapproved Clinical Facilities;
- Inadequate numbers and types of clinical facilities to provide adequate clinical experience for students;
- Failure to adhere to the instructional plan approved by the Board;
- Failure to provide the minimum number of approved program hours;
- Failure to include required content in the curriculum;
- Failure to hold classes as scheduled;
- Misrepresentation of information submitted to the Board or to student candidates regarding the program.
- Failure to provide required resources, including textbooks, instructional materials and aids, to achieve educational goal.

New Issues: Establishment of Education
Citation and Fine Program

The ultimate goal of VN and PT programs is the education of eligible students to be successful on the respective licensure examination.

Recommendation:

The Board recommends legislation to establish a citation and fine program for vocational nursing and psychiatric technician programs.

EQUIVALENT EDUCATION AND EXPERIENCE

Under current law, applicants may qualify for licensure based on equivalent education and/or work experience. Eligibility for testing is determined based upon the requirements set forth in § 2516 of the Vocational Nursing (VN) Practice Act and § 2575 of the Psychiatric Technician (PT) Law with rules and regulations, often referred to as the "equivalency method."

Vocational Nursing

Current requirements for eligibility pursuant to 16 CCR § 2516 include 51 months of direct patient care functions provided throughout the patient’s stay that encompass the breadth and depth of experience equivalent to that performed by the VN, with specifications of timeframes with which this work shall be performed, and locations and settings that are acceptable for on-the-job skills education. Experience certification, including showing specific dates of employment, is required to be verified by the employer and the registered nurse (RN) director or supervisor that the applicant has satisfactorily demonstrated the necessary knowledge and skills.

Psychiatric Technician

Current requirements for eligibility pursuant to 16 CCR § 2575 include 576 hours of theory and 954 hours of supervised clinical experience, taught by an individual who meets the requirements of section 2584(c)(3). Any or all of the supervised clinical bedside work experience is the performance of direct patient care functions provided throughout the patient’s stay that encompass the breadth and depth of experience equivalent to that performed by the PT.

Several issues and concerns have been raised regarding the equivalency method applications received by the Board, which include:

- Employment verification – The employment verification form is to be completed by the RN director or supervisor. This allows for discrepancies, such as miscalculation of hours worked and areas of nursing worked; often hours are not separated causing a need for clarification from the employer.
- Facilities – Without site visits to the place of employment there is no way to authenticate whether or not the working conditions earned within the facilities noted on the employment verification meet California standards, or U.S. standards.

- Employer verification – The Board is unable to validate a licensed supervisor if out of the country.
- Foreign transcripts – Documents may be translated poorly; copies of transcripts are often submitted. The Board now requires the applicant to seek a professional credentialing company, however these companies cannot always define the education listed on the transcript and their method of checking the authenticity of a transcript is not confirmed.

The Board has no current mechanism to *safely* evaluate these applications. There are not preventative measures for the Board to use that would stop fraudulent documents from being received or caught timely to stop the approval process from happening. This goes against the Board’s mission to protect the public against unprofessional and unsafe licensed Vocational nurses.

Removing these two qualifiers (equivalent education/work experience and foreign education) from the equivalency method will affect the Board in regards to workload and fees obtained. In 2015 the Board received 2301 VN equivalency applications, and 23 PT equivalency applications, totaling \$348,600 incurred, which does not include the amount received from re-examination fees. If the Board removed the specified qualifiers from the equivalency method, the Board would see close to this revenue loss on average per year.

Of the 2301 VN applicants applying via the equivalency method using work experience, foreign education or a combination of both, 1928 applicants sat for the NCLEX-PN test for their first time. The average pass rate of the applicants testing for the first time in 2015 was approximately 30%, with a fail rate of 70%, respectively.

This proposal would repeal §§ 2873 VN and 4511(c)(2)(3) PT.

Recommendations:

1. The Board recommends a legislative change to repeal California Business and Professions Code, Division 2, Chapter 6.5, Article 1, Section 2873 (VN).
2. The Board recommends a legislative change to repeal California Business and Professions Code, Division 2, Chapter 10, Article 1, Section 4511(c)(2)(3) (PT).

Delegation of Default Decisions to Executive Officer

In a 2009 background paper addressing the Board of Registered Nurses' (BRN) problems with enforcement delays entitled "Creating a Seamless Enforcement Program for Consumer Boards", the Former Senior Assistant Attorney General made several recommendations to improve the enforcement processes for the BRN that may be considered by the BVNPT. One recommendation was to delegate authority to the Executive Officer (EO) for both stipulated settlements and default decisions. As asserted in this background paper, delegation of these decisions to the EO would likely result in faster dispositions of cases, which will assist in protecting public safety.

The BVNPT EO has authority to and currently executes stipulated settlements for voluntary license surrenders. The Task Force has investigated the possibility of delegating final approval on default decisions and stipulated settlements to the Executive Officer. The Board employs more than one full-time equivalent whose efforts are solely dedicated to the administration of the mail balloting process. Delegating final approval for default and stipulated decisions to the Executive Officer would give the BVNPT an opportunity to better optimize staff resources in this area, and would also result in potentially significant reductions in enforcement days due to these straightforward cases not having to go through formal Board approval.

With regard to the delegation of all stipulated settlements, Board members may have concerns regarding the delegation of such cases, which precludes the opportunity to deliberate these cases in closed session. In light of this, the Task Force recommended further study and consideration with regard to the potential delegation of final approval of stipulated decisions to the EO and does not recommend the Board move forward in this direction.

The Administrative Procedure Act does not give the Board the authority to delegate either default or stipulated settlements (with the exception of voluntary surrender settlements) to the Executive Officer. Government Code §§ 11425.10(a)(4) and 11425.30 prohibit the decision maker from being part of the investigation and prosecution of any discipline case. The Board would have to seek approval from the

New Issues: Delegation of Default Decisions and Stipulated Settlements to Executive Officer

legislature on this measure. The BVNPT has the opportunity to seek the required changes in conjunction with the current Sunset Review. At least two other DCA Healing Boards in California have sought measures to more efficiently control' default decisions. The Medical Board of California sought and successfully pursued statutory changes to provide the authority to delegate default discipline decisions to its EO. The BRN brought the preparation of default decisions in-house, and does not use the AG's office to process them. This required additional staffing and specialized training to do so. Given staffing constraints and training considerations, the Task Force does not recommend a similar strategy for the Board, but simply the delegation of final default decision approval to the Executive Officer.

Recommendation:

The Board recommends a legislation seeking authority to delegate adoption of default decisions to the Executive Officer.

New VN, PT, and Academic Fee Schedule

In accordance with AB 179 (Hill), the Board of Vocational Nursing and Psychiatric Technicians engaged Capital Accounting Partners to prepare a detailed cost analysis of its fees. The Board's objectives for the study were to ensure that the Board is fully accounting for all of its costs and recovering adequate revenues to be reimbursed for its expenses. The Board's only sources of revenues are fees charged for each of the various licenses. Thus the Board is fully self-supporting so it is vital that the fees charged to licensees fully recover the costs of the program.

The scope of this study included the following objectives:

- Calculate full cost of licenses;
- Determine a fair and equitable method of allocating non-fee expenses, such as enforcement, to each license type;
- Develop revenue projections for 5-10 years to set the cap; and
- Review performance of core business processes.

The process used for collecting and analyzing the data required active participation by the Board's management and staff. We want to take this opportunity to recognize their participation, time, and effort to collect the data and discuss the analysis, results, and recommendations.

The primary observation that Capital Accounting Partners had in evaluating fees and appropriate fee levels is that there has not been a pattern, practice, or history of regular fee adjustments. This is not unlike many of the boards and bureaus that make up the Department.

Capitol Accounting Partners Recommendations:**1. Establish Fees For Educational Institutions**

Requirements of the Educational Consultants have increased in recent years. One of the challenges is that many of the new institutions that are developing programs for Vocational Nursing and Psychiatric Technicians are not traditional 2 and 4 year institutions of higher education. This trend is putting stress on the work group as they often have to review programs that are not up to a standard that the traditional 2 or 4-year institutions might produce. This also means that more of these institutions are coming under provisional approval which puts additional requirements for this work group.

2. Set Caps And Adjust Fees Regularly

In Capital Accounting Partners view, one of the most important outcomes of a study of fees is a policy to adjust fees regularly. Staff generally receive regular cost of living adjustments, nurses and technicians generally receive cost of living adjustments, and fees should be adjusted regularly as well.

Capital Accounting Partners have provided a 10 year forward projection of fees based on an annual increase of 4.5%. Capital Accounting Partners would recommend working with the State Legislature to set the CAPS at either the 5 or 10 year amount. Then adjusting fees annually or at least bi-annually to maintain alignment of revenues and expenditures. Capital Accounting Partners would also recommend a formal audit of fees at the 5 year mark as processing requirements can change dramatically within this time frame. It would also be our recommendation that adjusting fees on a regular basis be established in either practice or policy.

Recommendations:

1. The Board recommends a legislative change to increase Business and Profession Code §§ 2895 vocational nursing (VN) as presented by Capital Accounting Partners in the proposed Fee Schedule.
2. The Board Recommends a legislative change to establish academic institution fees as presented by Capital Accounting Partners in the proposed Fee Schedule.

New Issues: Establish New VN, PT and Academic Fee Schedule

3. The Board recommends seeking a legislative change to conduct a fee audit five years post the adoption of the new fees.



BVNPT
**BOARD OF VOCATIONAL NURSING
AND PSYCHIATRIC TECHNICIANS**